

**Decade of Vaccines
Global Vaccine Action Plan
SAGE Progress report 2013**

**Recommendations and
corrective actions**

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RECOMMENDATIONS

- **4 OVERARCHING RECOMMENDATIONS**
- **MORE SPECIFIC TECHNICAL RECOMMENDATIONS**
 - **FOR MEMBER STATES**
 - **FOR GVAP DoV DEVELOPMENT PARTNERS AND TECHNICAL AGENCIES**
 - **FOR DoV GVAP SECRETARIAT**



4 OVERARCHING RECOMMENDATIONS

- **IMPROVE DATA QUALITY**
- **ACCELERATE EFFORTS FOR DISEASE ERADICATION AND ELIMINATION**
- **REDOUBLE EFFORTS IN POOR-PERFORMING COUNTRIES FOR IMPROVING ROUTINE AND NEW VACCINES COVERAGE LEVELS**
- **USE IMMUNIZATION AS A MAJOR STRATEGY TO ACHIEVE MDGs AND PROMOTE THE ROLE OF IMMUNIZATION IN THE POST-MDG CONTEXT**



IMPROVE DATA QUALITY

MEMBER STATES SHOULD:

- Use **high quality** data in decision making **at all levels**
- Conduct **annual reviews** of data including data quality
- Include NITAGs in the annual reviews process
- Use available data to consider resource requirements and plan for future vaccine introductions

IMPROVE DATA QUALITY

DEVELOPMENT PARTNERS & TECHNICAL AGENCIES SHOULD:

- Increase investments in existing monitoring systems
- Collaborate to establish a step-by-step, country-tailored approach to improve data quality at **all administrative levels** (including **district level**)
- Promote and provide guidance on **new information and communication technologies** to improve the recording and reporting of data
- Channel immunization data reporting through only one institution, not both WHO and UNICEF.



ACCELERATE EFFORTS FOR DISEASE ERADICATION AND ELIMINATION

MEMBER STATES SHOULD:

- Establish national action plans to introduce IPV and switch from the use of tOPV to bOPV
- View NT elimination as part of a larger effort to strengthen maternal and child health
- Establish **national strategies and action plans** to achieve measles and rubella/CRS elimination
- **Establish case-based surveillance systems for measles** and ensure timely and complete reporting
- **Strengthen rubella surveillance** by building on the polio and measles surveillance platform and establish a surveillance platform for CRS

ACCELERATE EFFORTS FOR DISEASE ERADICATION AND ELIMINATION

TECHNICAL AGENCIES AND DEVELOPMENT PARTNERS SHOULD:

- Support countries in their transition from tOPV to bOPV/IPV, including assistance in securing an adequate vaccine supply
- Give priority support to countries that have not achieved NT elimination
- Help countries improve surveillance as part of a comprehensive vaccine-preventable disease surveillance programme
- Promote measles elimination and increase its prominence in the global health agenda
- Promote the use of new technology and operational research in order to increase immunization coverage



REDOUBLE EFFORTS IN POOR-PERFORMING COUNTRIES FOR IMPROVING ROUTINE AND NEW VACCINES COVERAGE LEVELS

MEMBER STATES SHOULD:

- *For Countries falling short of reaching coverage targets:*
 - urgently identify barriers and bottlenecks
 - implement targeted approaches to increase and sustain coverage based on systematic review of local data.
- *For Countries with a DTP1-DTP3 dropout rate of more than 10%:*
 - Review programme policies and performance
 - Urgently implement measures to reduce dropout
 - In particular, review policies that lead to missed opportunities and increased dropout rates
- Advocate for immunization and for efforts to further improve equity because immunizations are one of the most equitably distributed health services



REDOUBLE EFFORTS IN POOR-PERFORMING COUNTRIES FOR IMPROVING ROUTINE AND NEW VACCINES COVERAGE LEVELS

TECHNICAL AND DEVELOPMENT PARTNERS SHOULD:

- Give highest priority to Countries with DTP3 coverage level of less than 70% or with stagnant coverage between 70% and 80%
- Increase support to countries to help identify barriers, implement actions to increase coverage and report annually on the measures they have taken.
- Ensure better coordination among partners working to strengthen health systems.
- Help secure sufficient supply of vaccines
 - Clearly communicating demand forecasts to the vaccine industry
 - Work to overcome existing or future barriers to sufficient supply



USE IMMUNIZATION AS A MAJOR STRATEGY TO ACHIEVE MDGs AND PROMOTE THE ROLE OF IMMUNIZATION IN THE POST-MDG CONTEXT

MEMBER STATES SHOULD:

- Use coordinated approaches and the scale up of complementary interventions, as outlined in the GAPPD
- Use the opportunity of immunization visits to scale up the use of other proven cost-effective interventions to reduce child mortality
 - For example, integrate the delivery of a birth dose of hepatitis B vaccine for delivering a package of interventions aimed at reducing neonatal mortality
- Use prenatal care appointments and postnatal care visits to promote knowledge and change attitudes about vaccination.



USE IMMUNIZATION AS A MAJOR STRATEGY TO ACHIEVE MDGs AND PROMOTE THE ROLE OF IMMUNIZATION IN THE POST-MDG CONTEXT

TECHNICAL AGENCIES AND DEVELOPMENT PARTNERS SHOULD:

- Prioritize assistance to countries not meeting the MDG 4 target, especially the 75 Countdown countries
- Focus in providing support to increase coverage and reach the most vulnerable populations,
- Promote the use of coordinated approaches and the scale up of complementary interventions, as outlined in the GAPPD.
- Recognize and better document and quantify the contribution of immunization activities to achieve MDGs.



SPECIFIC TECHNICAL RECOMMENDATIONS FOR COUNTRIES AND NATIONAL PROGRAMMES

EQUITABLE ACCESS TO IMMUNIZATION TO ALL PEOPLE

NATIONAL IMMUNIZATION PROGRAMMES SHOULD:

- Advocate for immunization as a crucial tool to ensure equity (in the context of universal health coverage)
- Collect and report district-level coverage data annually
- Leverage other existing national and subnational surveys to collect data on equity
- National Programs to encourage meaningful participation of civil society in creating models to address inequity in immunization



IMPROVE COUNTRY OWNERSHIP OF IMMUNIZATION

NATIONAL IMMUNIZATION PROGRAMMES SHOULD:

- Establish and/or strengthen NITAGs
- Utilize NITAGs to advise on policy recommendations, and provide independent monitoring of programme performance
- Improve processes to track and report immunization expenditures (including through National Health Accounts Systems).



STRENGTHEN SURVEILLANCE SYSTEMS

- Establish case-based surveillance systems for measles and rubella. Existing polio surveillance will be useful platform to build this surveillance
- Establish surveillance for CRS
- *For low- and middle-income countries:* Invest resources to establish or strengthen sentinel site surveillance systems, including laboratory confirmation of vaccine-preventable diseases.



DEVELOP AND ADOPT NEW TECHNOLOGIES & ENSURE ACCESS TO VACCINES OF ASSURED QUALITY

- Strengthen regulatory capacity to inform local policies and use of products that may be stored and transported in a Controlled Temperature Chain
- Invest in strengthening the capacity of NRAs to ensure that all existing and future vaccines in a national programme are of assured quality
- Establish or strengthen capacity for vaccine pharmacovigilance to detect and respond to adverse effects following immunization and to strengthen confidence in immunization.
- Forecast and resource the burden on NRAs caused by increasing the number of vaccines in an immunization programme.



ACCESS TO AFFORDABLE VACCINES

- *Self-procuring countries* should report public sector vaccine price information to DoV Secretariat agencies on an annual basis using the Vaccine Product, Price and Procurement Project (V3P)
- Use available data to consider resource requirements and plan for future vaccine introductions.



**SPECIFIC TECHNICAL
RECOMMENDATIONS
FOR DoV GVAP
DEVELOPMENT PARTNERS &
TECHNICAL AGENCIES**

IMPROVE COUNTRY OWNERSHIP OF IMMUNIZATION

- Support countries in establishing and strengthening NITAGs.
- Promote a broader role for NITAGs beyond making recommendations for new vaccine introduction, including participation in improving data quality.
- Sustain and further enhance the existing repository of information and tools (such as economic analysis models) to facilitate evidence-based decision making by the NITAGs.
- Communicate with NITAGs and facilitate their participation in technical meetings.
- *For the GAVI Alliance:* ensure that the existence of a functional NITAG is included in future GAVI funds applications. GAVI should consider a requirement in applications for new and underused vaccines support to have a plan to establish NITAG.



STRENGTHEN SURVEILLANCE SYSTEMS

MEASLES/RUBELLA

- Provide guidance and technical support to countries and share best practices
- Develop guidelines for conducting surveillance for CRS and support countries in establishing surveillance

SENTINEL SITE SURVEILLANCE

- Provide financial and technical support to low- and middle-income countries to strengthen sentinel site surveillance
- For WHO: Develop quality indicators and assist countries in monitoring surveillance quality



DEVELOP AND ADOPT NEW TECHNOLOGIES

- Consider the potential additional costs involved to get regulatory approval for products to be used in the CTC and its impact on vaccine price.
- Consider further ways of incentivizing manufacturers to conduct the necessary studies to label their products for use in the CTC.
- Consider all the operational aspects for using CTC at the service-delivery levels.
- Work with the current vaccine vial monitor manufacturers to develop appropriate technology to ensure the proper storage and use of CTC vaccines.
- Be mindful of the potential safety, efficacy and liability risks that could arise from use of vaccines outside recommended storage conditions.
- Encourage and invest in the development of innovative cost-effective technologies to facilitate delivery of vaccines and increase immunization acceptance, as well as the utilization of these new technologies at country level.



ENSURE ACCESS TO VACCINES OF ASSURED QUALITY & AFFORDABLE PRICE

- Continue supporting countries in strengthening regulatory capacity and vaccine pharmacovigilance.
- Ensure enough resources are available to monitor this important objective, including sustainable support to continue the Vaccine Product, Price and Procurement Project activities.
- Encourage broad stakeholder dialogue, including between buyers and sellers of vaccines, to achieve an optimum balance of supply security and value for money.
- Provide data and inputs to the annual GVAP vaccine price indicator report.



**SPECIFIC TECHNICAL
RECOMMENDATIONS
FOR DoV GVAP M&E
SECRETARIAT**

GUARANTEE EQUITABLE ACCESS TO IMMUNIZATION TO ALL PEOPLE

- Provide guidance to countries on validating district-level coverage data, improve reporting of district-level coverage and explore other methods to measure geographic equity in coverage (such as rural-urban disparities).
- Develop tools to facilitate district-level data analysis to inform actions at the district level.
- Develop models to estimate the added impact of equitable delivery of immunization and use this information to advocate for monitoring equity indicators and implementing efforts to achieve equity.
- Explore means for monitoring dropout rates annually especially for countries where WUENIC is derived from survey data.
- Drop indicator 4.2 but report coverage time series as part of report on Goal 3.
- Develop and propose an alternate indicator to monitor immunization coverage data quality
- Channel immunization data reporting through only one institution, not both WHO and UNICEF
- Partnership with civil society will be nurtured to improve district level data collection

IMPROVE COUNTRY OWNERSHIP OF IMMUNIZATION

IMMUNIZATION FINANCING

- Continue to report using data from the JRF; however, improve the quality and completeness of reporting and highlight the limitations of the data in the narrative in future reports.
- Plan to progressively transition towards using the System of Health Accounts and strengthen country capacity to track their expenditures using this system.

NITAGs

- Improve the data quality on the NITAG indicator, with attention to missing or inconsistent data provided by MS through the JRF. This activity should be led by regional and country offices.



SURVEILLANCE SYSTEMS AND COMMUNITY DEMAND

- Identify the countries not meeting surveillance standards for measles and rubella, classify the causes of low performance and inadequate reporting of vaccine-preventable diseases and propose corrective measures.
- Explore alternative indicators and methods for collecting data on vaccine hesitancy.
 - use of coverage data and timeliness of vaccines
 - case studies about countering anti-vaccine messaging,
 - behavioural research and meta-analysis of DHS data.



ENSURE ACCESS TO VACCINES OF ASSURED QUALITY

- Establish an indicator to monitor country capacity to conduct vaccine pharmacovigilance.
- Consider the possibility of a stock out indicator , including evaluating its usefulness for country reporting.



ACCESS TO AFFORDABLE VACCINES

- Better define the objective for the indicator and report.
- Include more narrative to explore
 - the relationship between vaccine prices, supply, demand, sources of funding and procurement volumes
 - mechanisms to better address the “health” of the vaccine market
- Make all possible attempts to secure information on prices in self-procuring middle-income countries, high-income countries and in the private market to get a full and comprehensive picture of the global vaccine market



IMMUNIZATION NEEDS AFFORDABLE VACCINES

- Assess the impact of tiered pricing and pooled procurement mechanisms on vaccine prices.
- Include case studies to highlight outliers and best practices to achieve optimal pricing.
- Have some specific focus in subsequent narrative reports on key issues
- *For WHO and UNICEF:* Request price information from countries through the JRF with the appropriate instructions and explanations and feedback to the countries.

